PACIFIC PULSE

Womens Health Awareness Month!

Four diverse women share their healthly lifestyles in hopes to make a difference

Also in this issue:

28 *Need a new workout routine?* **LOOK INSIDE!**

Pacific Pulse

Pacific Pulse
Official Publication of U.S. Naval Hospital Guam
Vol. 1 Issue 2
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. It's purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertations herein are the personal views of the authors and do not neccessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:
This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.
Submission requirements:
Articles should be between 300 to 1000 words and present the active voice.
Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES
Subjects considered:
Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

On the cover:

According to Brigadier General W. Bryan Gamble, M.D., Deputy Director, TRICARE Management Activity, Women comprise nearly half of the 9.7 million TRICARE beneficiaries. TRICARE covers a full range of preventive screenings and tests aimed to help women safeguard their health. A healthy lifestyle involves more than staying up to date on screenings. Physical fitness and a healthy diet help you live healthier and longer, and boost your emotional wellbeing. In this newsletter are four diverse active duty ladies who provide some insight into their fitness lifestyles. Each profile shows a top concern for different ethnicities and a consecutive benefit provided by TRICARE.

Inside this Issue:

On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

ICE

http://ice.disa.mil/index.cfm?fa=site&site_id=169&dep=DoD

http://www.med.navy.mil/sites/usnhguam/Pages/default.aspx

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Commanding Officer
Capt. Jeff Plummer

Readiness

As I sat down to write my piece for this newsletter, I reviewed our theme for the month. I also read the wonderful feature stories that have been prepared for this issue and tried to find something relevant to highlight. My mind kept coming back to simply one thing: HM3 Andrew Sanders.

It was only three days ago that we learned of HM3 Sander's tragic and untimely death. When we lose one of our own it hurts, especially so for those who know HM3 Sanders best. Yet I am encouraged by the outpouring of support each of you have displayed for one another. Ship, shipmate, self. During weeks like this maybe you should think about this in reverse order: if you take care of yourself and help a shipmate, our command will weather this through and be just fine.

Although HM3 has only been with our command for five months, he has touched the lives of many and made a memorable impact to our mission. As I reviewed his service record this week, I read about his "all in" attitude and the leadership that he displayed among his peers during FMSS training. It was no surprise to then read about his rapid rise to senior line company Corpsman in his first tour with 2nd Battalion, 2nd Marine Division. He deployed as part of the Battalion Landing Team embarked aboard USS Whidbey Island for Operation Unified Protector during the Libyan Civil War of 2011. He was awarded the NATO medal. He arrived to US Naval Hospital Guam as an experienced, junior Corpsman eager and hungry for more.

As a key member of the command's MILCON Transition Office, his attention to detail and strong work ethic impressed everyone he encountered. Outside of his work center, this impressive young Corpsman was a leader in the command and throughout the community. His future was bright. He knew what he wanted and where he was going - as a senior leader it was a pleasure to observe his performance.

So why did this happen? Honestly, I do not know. It is natural for us all to think that way right now. We all have different beliefs or different faiths, and there are so many things in this world or in our lives that we will never understand. Some may say that it was his time. I'm not sure about that either. There is one thing that I do know: HM3 Andrew Sanders was a person of strong character, dedication, and a true sense of service. And this is what I believe: someone like that who leaves our world has surely gone to a better place.

And I'll bet you a lunch in the galley that he's already led a few Booney Stomps in heaven. Fair winds and following seas HM3 Sanders. We will miss you, shipmate.

Executive Officer
Capt. Mike McGinnis

Jointness

USNH Guam Dream Team,

This month's focus on breast cancer awareness is a part of an international collaborative effort to raise awareness and increase screening rates to catch the disease early. We have breast cancer survivors on our own staff and many of you have family and friends that had breast cancer. According to the National Cancer Institute, 1 in 8 women will be diagnosed with breast cancer at some point in their life - a sobering statistic!

Discussing breast cancer highlights a key component of our mission in delivering quality healthcare and preserving health. This is something that we do very well at USNH Guam. Breast cancer screening is a command strength, led by Ms. Fay Carbullido and our outstanding primary care staff. For breast cancer screening, we easily exceed the 90th percentile for recommended screening mammography.

USNH Guam is the second leading MTF in all of Navy Medicine in delivering the TRICARE Management Authority's (TMA) population health goals! We're one of only 5 Navy MTFs that exceed the TMA defined benchmarks.

Population health is a key mission for our Medical Home Ports. As our processes within Medical Home mature, we hope to deliver an even higher percentage of potentially lifesaving screening measures to our beneficiaries. You all are doing a great job in delivering the high quality care our patients deserve!

Additionally shipmates, I share my great sadness with the passing of our HM3 Sanders. He was a highly motivated Corpsman who was one of the very best our proud organization has to offer. My thoughts and prayers join yours in wishing him farewell as well as peace and solace for his family.

Got News? Know an outstanding Medical Staff member? Please let us know. If you would like to write a story or you have written a story and would like to have it printed, please send it our way! If you have a story idea for the *months theme,* please let us know. There are two themes for the month of **September- Mental Health and Suicide Awareness**, if you have an article or idea please submit to jennifer.zingalie@med.navy.mil. See inside the front cover for submission guidelines. **Staff**--*There should be no departmental/association Facebook pages. Questions? Please use the email in this note.*

Command Master Chief
Robert Burton

Value

October marks the begging of my favorite season in the United States. As a country boy, I loved the color of leaves on the trees in fall. The hills come alive with color. October is also Breast Cancer Awareness month. Although as a non-medical type, I don't really know much about Breast Cancer. However, it is part of a larger theme. That is prevention and early detection.

As fall sets in we have the annual Flu shots. There are also other vaccines that prevent diseases. We need to ensure that our loved ones are protected and healthy. Dental health is also important, annual check-ups can prevent tooth aches and tooth loss. As you are reading this, don't forget an eye exam to prevent accidents and loss of vision due to age or disease. Yes, I have reading glasses.

As we get older, there are several things that we can do for early detection. As a Caucasian male, my concern is skin cancer. Once a year I make a point to see the doctor to look over my various spots, which increase like candles on a birthday cake.

As one reaches fifty years of age, there is the special exam that is a combination of astronomy and plumbing. Ask yourself this, when was the last time I had my blood pressure checked or cholesterol? As we age we also tend to gain weight, which has health effects as well (see page 28 for a workout plan).

In the military we have people tracking much of this for readiness purposes. However, it is a good thing to do for both you and your family. Spend a little time and review your risk and the risk of your family and do what you can to remain healthy and happy.

Stay safe and have a Great Navy Day!

What's inside? Women's Health information

Top 5 health concerns of women.

Pinterest

Ladies, did you know U.S. Naval Hospital Guam is now on Pinterest? Come pin with us! Learn about Women's Health, Breast-feeding, and Newborn Care. Happy Pinning! http://www.pinterest.com/USNHG/

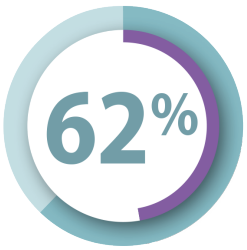
#Cheat Sheet:

understanding labels at the grocery store >>>

More and more moms are breastfeeding...

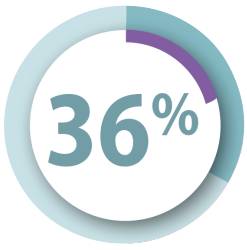
Find out more on page 14

77% of all babies born in 2010[1] were ***ever breastfed***—up from **70%** in 2000[2]

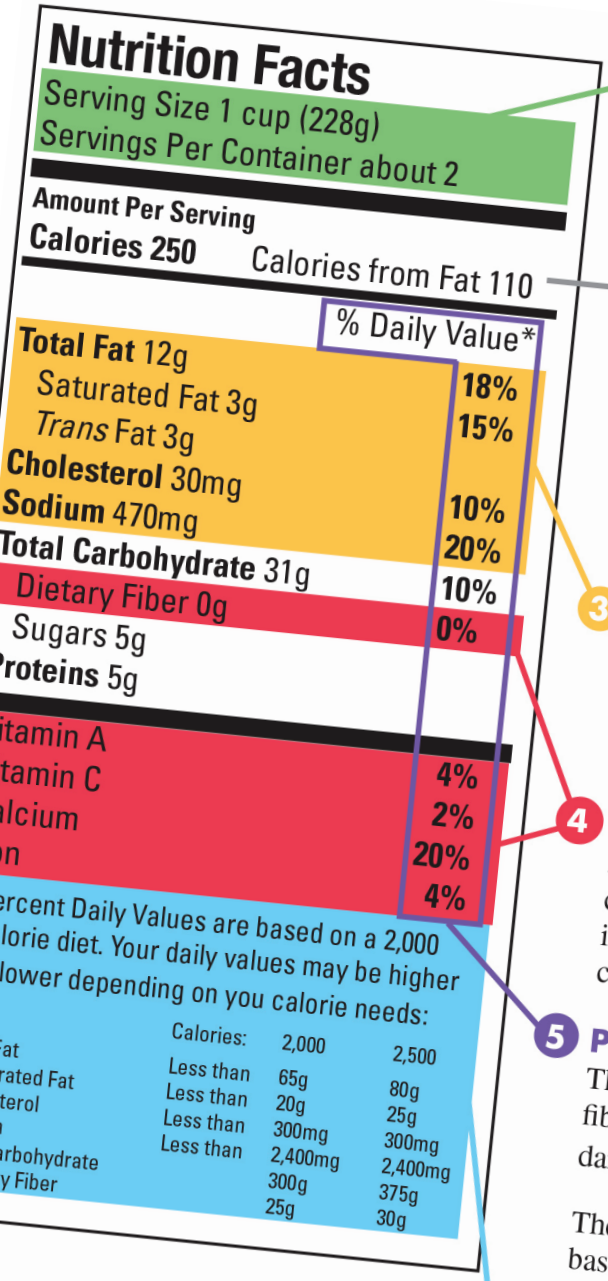


of **African-American** babies born in 2010[1] were ***ever breastfed***—up from **47%** in 2000[2]

49% of all babies born in 2010[1] were ***breastfed at 6 months***—up from **35%** in 2000[2]



of **African-American** babies born in 2010[1] were ***breastfed at 6 months***—up from **18%** in 2000[2]



Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container about 2

Amount Per Serving

Calories 250 Calories from Fat 110

	% Daily Value*
Total Fat 12g	
Saturated Fat 3g	18%
Trans Fat 3g	15%
Cholesterol 30mg	
Sodium 470mg	10%
Total Carbohydrate 31g	20%
Dietary Fiber 0g	10%
Sugars 5g	0%
Proteins 5g	
itamin A	
tamin C	4%
lcium	2%
n	20%
	4%

ercent Daily Values are based on a 2,000 lorie diet. Your daily values may be higher lower depending on you calorie needs:

	Calories:	2,000	2,500
at	Less than	65g	80g
rated Fat	Less than	20g	25g
terol	Less than	300mg	300mg
	Less than	2,400mg	2,400mg
rbohydrate		300g	375g
y Fiber		25g	30g

1 Serving Size

This section is the basis for determining number of calories, amount of each nutrient, and %DVs of a food. Use it to compare a serving size to how much you actually eat. Serving sizes are given in familiar units, such as cups or pieces, followed by the metric amount, e.g., number of grams.

2 Amount of Calories

If you want to manage your weight (lose, gain, or maintain), this section is especially helpful. The amount of calories is listed on the left side. The right side shows how many calories in one serving come from fat. In this example, there are 250 calories, 110 of which come from fat. The key is to balance how many calories you eat with how many calories your body uses. ***Tip:*** *Remember that a product that's fat-free isn't necessarily calorie-free.*

3 Limit these Nutrients

Eating too much total fat (including saturated fat and trans fat), cholesterol, or sodium may increase your risk of certain chronic diseases, such as heart disease, some cancers, or high blood pressure. The goal is to stay below 100%DV for each of these nutrients per day.

4 Get Enough of these Nutrients

Americans often don't get enough dietary fiber, vitamin A, vitamin C, calcium, and iron in their diets. Eating enough of these nutrients may improve your health and help reduce the risk of some diseases and conditions.

5 Percent (%) Daily Value

This section tells you whether the nutrients (total fat, sodium, dietary fiber, etc.) in one serving of food contribute a little or a lot to your total daily diet.

The %DVs are based on a 2,000-calorie diet. Each listed nutrient is based on 100% of the recommended amounts for that nutrient. For example, 18% for total fat means that one serving furnishes 18% of the total amount of fat that you could eat in a day and stay within public health recommendations. Use the Quick Guide to Percent DV (%DV): 5%DV or less is low and 20%DV or more is high.

6 Footnote with Daily Values (DVs)

The footnote provides information about the DVs for important nutrients, including fats, sodium and fiber. The DVs are listed for people who eat 2,000 or 2,500 calories each day.

– The amounts for total fat, saturated fat, cholesterol, and sodium are maximum amounts. That means you should try to stay below the amounts listed.

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

FDA

Top Health Concern of Women:

October is Breast Cancer Awareness Month

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. Except for skin cancer, breast cancer is the most common cancer in American women.

Breast cancer screening means checking a woman's breasts for cancer before she has any symptoms. A mammogram is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

Most women who are 50 to 74 years old should have a screening mammogram every two years. If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram. Some things may increase your risk

If you have risk factors, you may be more likely to get breast cancer. Talk to your doctor about ways to lower your risk and about screening.

Reproductive risk factors

- Being younger when you had your first menstrual period.
- Never giving birth, or being older at the birth of your first child.
- Starting menopause at a later age.
- Using hormone replacement therapy for a long time.

Other risk factors

- Getting older.
- A personal history of breast cancer, dense breasts, or some other breast problems.
- A family history of breast cancer (parent, sibling, or child).
- Changes in your breast cancer-related genes (BRCA1 or BRCA2).
- Getting radiation therapy to the breast or chest.
- Being overweight, especially after menopause.

Symptoms

Some warning signs of breast cancer are—

- A lump or pain in the breast.
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin on the breast.
- Pulling in of the nipple or pain in the nipple area.
- Fluid other than breast milk from the nipple, especially blood.
- A change in the size or the shape of the breast.

More Information

www.cdc.gov/cancer/breast/ • Twitter: @CDC_Cancer (800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348 • cdcinfo@cdc.gov

U.S. Naval Hospital Guam
Breast Health Clinic: 344-9617

#1

Q) What do you do here at the hospital?

I currently work in Operations Management Department where I am the Assistant Leading Petty Officer. I am also the command's communication officer.

Q) Health is Physical. What sort of physical activities or activity do you enjoy? Why?

A) I really enjoy zumba because it's a fun, low impact workout. You get to dance and listen to music while staying in shape.

Q) Health is Spiritual. How do you maintain a healthy spiritual life?

A) I recently started back attending church on a regular basis. Before then, in my personal time I would listen to Gospel music and read my Bible.

Q) Health is Mental. What do you do to maintain a positive outlook?

I love the quote "Yesterday is history. Tomorrow is a mystery. And today is a gift, that's why we call it the present." I keep this quote in mind when I start feeling stressed, it reminds me that what's done is done and to live life one day at a time.

Q) What song motivates you, makes you feel like you could climb a mountain?

I LOVE "Eye of the Tiger" by Survivor. I play that song on repeat as until Icomplete my PRT each cycle.

Q) What is your favorite meal?

Oxtails, rice, and biscuits.

Q) If you had one super power what would it be and why?

I would like the power of telekinesis because Jean Grey is my second favorite super hero.

Q) Where are you from originally?

I'm originally from Phenix City, AL

Top Health concern in African-American Women
Heart Disease
Learn more at:
http://1.usa.gov/1bd7yrA

Did you know that TRICARE covers cholesterol tests once every five years beginning at age 18?

HM3 Cunningham:

Women's Health Spotlight

American Red Cross

Volunteer profile

Name: : Evelyn (Evi) Wildi

Hometown: Saint Louis, Missouri

Status: Transition Volunteer

Where else in the world have you lived?
I am an active duty spouse so, Missouri, Virginia, Oregon, and Washington.

What is your nursing degree?
Bachelors in Nursing (BSN) and Registered Nurse licensure (RN).

What is your background (prior experience)?
I have been managing clinical research trials since 2005. I usually work within medical schools, but I've also worked for Clinical Research Organizations specializing in human research projects proposed by large pharmaceutical companies and private clinics working in 2-person teams with physicians. I've also had the pleasure of working directly with physician/scientists who have discovered new medications or new uses for FDA-approved medications and have their own hypothesis to test.

Since clinical research is a global field, I often find myself juggling time zones and meeting people from all over the world. For example, I might see a patient in Oregon, but the investigational medication for that patient is being shipped from Berlin, Germany. To plan accordingly, I have to contact the folks in Germany to know how long shipment will take before I can even schedule a patient to receive the drug.

When did you first know you wanted to be a Red Cross Volunteer?
When I was 18 years old and took a Lifeguarding class provided by the ARC. I've been volunteering on and off for years!

Being a nurse, why do you think being able to be part of the Red Cross is important?
I see volunteering with the Red Cross as a great opportunity for free education! By volunteering where I'm needed, I can learn something new and/or discover how my skills can be applied to new areas of health care. It's a win-win situation!

What do you love most about volunteering?
Meeting new people and being part of a team.

What does a day of volunteering include for you?
I'm helping with the transition to the new hospital. My days involve meeting with a wide variety of people to discuss ideas and goals that will help facilitate a smooth, well-planned transition.

What is your favorite leisure activity and why?
Touring by bike is my favorite. I think it's the best way to check out a new place, learn my way around, find hidden gems (like a new favorite restaurant or beach), feel out a new culture (you can tell a lot about drivers by the way they handle a bike on the road), and get a couple hours of exercise.

Service to the Armed Forces-
American Red Cross

While most Americans recognize the American Red Cross for its outstanding disaster response operations, far fewer may be aware of the fact that the organization was founded by Clara Barton, a registered nurse, in order to aid wounded Civil War soldiers and to campaign for ratification of the Geneva Convention, which called for the humane treatment of prisoners of war.

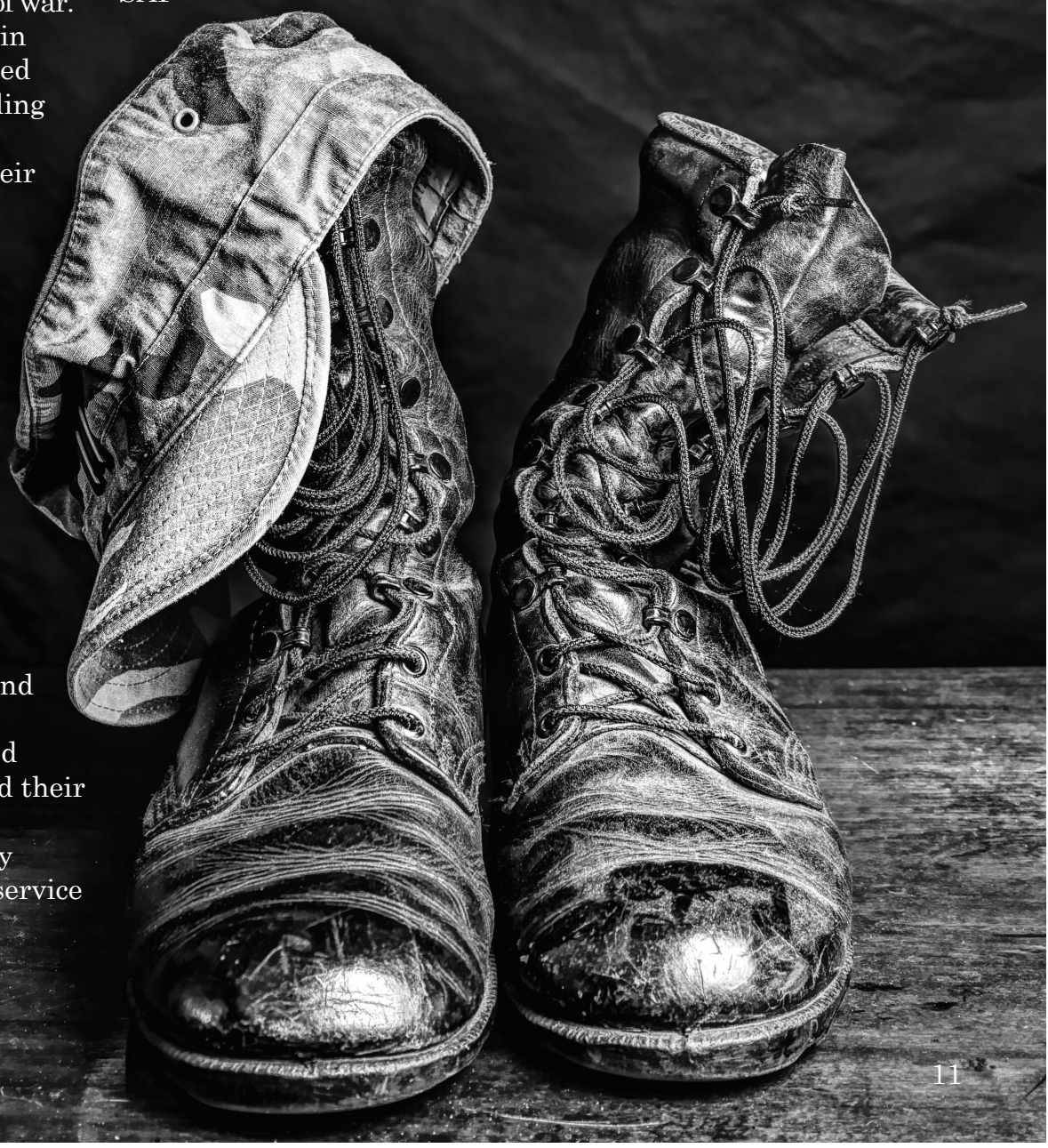
Since the founding, in 1881, the American Red Cross has been providing services to American military forces and their families, with ever-expanding programs and services.

The American Red Cross's Services To the Armed Forces (SAF) Program is committed to assisting military service members, veterans and their families by:

- Providing services and programs that offer resources to deployed service members and their families;
- Providing emergency communications to service members who are deployed and need to be contacted quickly;
- Supporting wounded warrior programs;
- Supporting hospital outreach and veterans' programs; and
- Supporting families coping with the stress of deployments.

U.S. Naval Hospital Guam's American Red Cross Volunteer Program currently has one SAF representative, and hopes to add more in the future.

If you would like more information about the American Red Cross Services To The Armed Forces Program or have any questions, please contact us at 344-9040, or stop by our office, which is located through the main entrance directly to the left. Just look for The American Red Cross logo and we will be happy to assist you.



Facilities Department

Rico Valencia and Bert Gozum of Facillities check out a trouble call regarding a water leak in the Pharmacy Department. Within the hospital Facilites is responsabie for maintenance, repair projects, and large scale renovations, as well as lines and transportation.

Did you know U.S. Naval Hospital Guam Facilities Department supports reducing patient and staff stress and fatigue? That they help to increase effectiveness in delivering care and help improve patient safety?

"We are the unsung heroes of the hospital. Most people do not know that we exist until there is a problem, and then, that is what we do. We are here to help resolve those problems," said Lt. Daniel Gutierrez Facilities Department Head.

Just like patients, from the smallest hospital to the largest hospital, a building needs tender, loving care. Facilities Department encompasses such things as routine maintenance, repair projects, and large scale renovations. "Anything you cannot physically move yourself we deal with. Things like permanent building fixtures, water and electrical service, mechanical and plumpbing so on," said Gutierrez. "We also run linen, environmental services and are in charge of transportation motor pool."

Facilities also has a self-help program for smaller needs as well as a Construction and Renovation program for bigger needs such as space requests, renovations or engineering services. In this case, staff should initiate a Space Utilization and Engineering Work Request by contacting Facilities. Recently, the department re-wrote the Space Utilization and Engineering Work Request, which can be retrieved from the Facilities Management Sharepoint, under the Director

Continued on next page

Facilities Continued from page 12
for Administration. The new version of the work request easily walks staff through the process of doing any renovation, engineering work request as well as the steps for approval. The instruction helps guide the requestor in defining the general nature of work needed, which will allow Facilities the ability to best support their need.

The same service request will transfer easily to the new hospital. "Say you notice you do not have enough outlets in your new space within the new hospital then that will be a phone call to Facilities. We are empowering people now to use the process in place. There are proper procedures when things need to be done to the building any alterations," he said.

Facilities Department also plays a role in new construction. Although they are not directly overseeing the construction of the new hospital, they are involved as a stakeholder in making sure the building will be complete and usable upon turnover, ready to support the mission of patient care. In the new building, Facilities will have administrative spaces, tool room, linen supply room, machine shop and ware house space.

According to Gutierrez, one of the questions they often get is in regard to telephones and computers. However, U.S. Naval Hospital Guam Operations Management Department (OMD), the hospital's security department is responsible for the phone lines and commercial cable, and Information Management Department (IMD) is responsible for computers.

"Anything that has to do with the building you would typically call Facilities. But we do have our finite list of items we do not do and we can redirect," said Gutierrez. For example, although Facilities has janitorial service, these employees do not clean up bodily fluids or biomedical waste. Typically, this type of clean-up is left to those with the proper training to handle medical waste within the respective departments.

Those who have questions regarding janitorial issues should contact Nikki Flores who has been with the hospital for up to 23 years. Flores oversees services contracts, housekeeping, and pest control. She also manages the linen and grounds keeping.

Said Flores, "It is important for staff to understand our contractors only provide specified services at certain times during the day. It isn't the same as having our own in-house, housekeeping."

For example, Flores explained contractors gathering trash, who cannot get to a space, because a patient is in the area--when the space is empty, the department would need to call her to see if the contractor can then return to gather the trash.

"Unauthorized commitment is when someone asks a contractor to do something they are not authorized to do. It is important they call me so I can review the contract to ensure what they

Continued on page 26

John Salas, who works for Facilies Department, in the Linen Division, gathers linens and scrubs and places them on a mobile cart. These linens will go to different departments throughout the hospital to replenish their suppply and ensure fresh linens are available for patients within the hospital.

Becoming a new mother, whether for the first time, or fifth, brings with the excitement, questions and sometimes concerns regarding the new infant. "Each mom is different each baby is different --even day to day can be different," said Lt. Alexandria Ross, Certified Lactation Counselor, who works in U.S. Naval Hospital Guam's Mother Baby-Unit.

Ross is currently the only lactation counselor at the Naval Hospital. Her job is to help train staff and patients on information and issues regarding breastfeeding, from latching difficulties to painful nursing, low milk production, and inadequate weight gain to name a few. She also offers a two-hour prenatal course every month which covers the fundamentals of breastfeeding to include lifestyle changes.

Continued on next page

Breastfeeding continued from page 14

On the baby's birthday, USNH Guam supports what is known as "The Golden Hour" which Ross passionately advocated for since her arrival at the hospital. Said Ross, "After delivery the traditional way is to bring the baby to the warmer to stimulate and clean the baby. Now we do all of that right on mom."

She explained that regardless of whether a mother decides to breast feed or not "The Golden Hour" supports the health of the child. According to her it provides such health benefits as more stable blood sugar levels, heart rate, and respiration for the baby. She also said, for breast feeding moms, during "The Golden Hour", (although statistically it takes more than an hour) most babies self latch at 80 minutes of life (about an hour and a half).

"Similar to kittens and puppies, human babies find the mom and they latch. If you go to YouTube and search *Breast Crawl,* it's so neat because these babies literally start reaching around and move themselves to the breast and latch on," said Ross and continued, "You don't have to help the baby. They are smart, they will figure it out. They are very alert in those first two hours."

According to Ross, the first two weeks after a baby is born are crucial to any new mother, especially one who has decided to breastfeed. "At any given time during the breast feeding period there are many things that could happen. It is very important those first couple of days when they are here, but the reality is, moms barely stay in the hospital anymore. They are here 24 to 48 hours (maybe 72) so we only see them for a short window of time then they go home," she said.

Because of this Ross carries a command cell phone which for USNH Guam is "the breastfeeding hotline" and allows new breast feeding mothers to contact her at anytime regarding their concerns. "Usually during the first couple weeks the calls may be a mother worrying about her milk production or latch problems, or worried the baby is not getting adequate nutrition," she said.

She also receives calls from moms with older babies with other concerns such as their milk supply, or from mothers who will be returning to work. "As babies get older they start doing different things or they start to self-wean. Sometimes it is about other things like foods they want to introduce or they are pregnant again and have questions."

For most of the questions, Ross is able to help or guide the new mother over the telephone. There may be occasions she must bring the mother and child into the hospital for further understanding. "It is a different relationship I end up having with these women. A new mom is often vulnerable they may be more nervous. There is a sense of loss of control. It is a very fragile time. Breast feeding can be a difficult thing. To be able to be a part of that time where I can help build a mothers confidence and teach her to trust her body--the outcome is very rewarding," said Ross.

Ross also explained there are many health benefits of breast feeding. "Statistically," she said, "Babies who are breastfed have less allegories, ear infections, inflammatory infections, and GI infections. They go to the doctor less. That is not to say formula will have your child in the hospital, but breastfed babies are sick less."

She also said the medical community has seen a big difference within premature babies who are breast fed versus formula fed. "A woman's breast milk changes dependent upon the gestation age of your child. A mom who delivers a premature baby, her milk and colostrums is going to have different things in it than a mom who delivers her baby term," she explained.

"Nature adjusts accordingly and provides what that baby needs. For example, these mothers may have more antibodies in their milk to help fight off potential infections. The colostrums is also designed to coat a premature infant's stomach, it kind of closes off the gut in a way--it sort of seals it," she said.

According to Ross, premature babies are at risk for many illnesses one of the most significant is called "neck". This is when the intestine dies off and there is no chance in saving it. Eventually that part of the stomach will have to be removed. "Formula fed premature infants have a much higher rate of 'neck' than breast fed babies. Breast milk is gentler to the gut," she said.

She also mentioned, because of this, many Neonatal Intensive Care Units (NICU) have

Continued on page 16

Breastfeeding continued from page 15

Active Duty Mothers:
Did you Know?

There are policies in place for almost every branch of service to support breastfeeding, not only for those on shore duty, but also for those mothers who are deployed.

Navy: OPNAVINST 6000.1C
- Section 103 -Deployment Policy
- Section 106 – Breastfeeding
- BUMEDINST 6000.14

Marine Corps: Order 5000.12E
(Revised by MARADMIN 358/07)
- Section 15 – Support of Servicewomen with Nursing Infants
- Section 8d. Deployment

Air Force: Instruction 44-102
(Section 4.15) AFI 44-102

Coast Guard COMDTINST M1000.6A
- Section 9.A.4 Breastfeeding.
- Section 9.A.3 Deployment
- Section 12.F.1 – Separation for the Care of a Newborn Policy

Army: The Army does not have a breastfeeding policy in place at this time. *The Army does offer a sample letter to be used for educating, planning, and requesting a time and a place to pump after return to duty.*
- AR 614-30 Deployment (Table 3-1 #33)
- ALARACT 171/2008
- Section X of the TG281 (A Guide to Female Soldier Readiness)

Any questions about the policies should be directed to your command leadership and/ or JAG as required.

Continued on next page

The Surgeon General's Call to Action to Support Breastfeeding

How many American women breastfeed their babies?
Three out of four mothers (75%) in the U.S. start out breastfeeding, according to the Centers for Disease Control and Prevention's 2010 Breastfeeding Report Card.
At the end of six months, breastfeeding rates fall to 43%, and only 13% of babies are exclusively breastfed.
Among African-American babies, the rates are significantly lower, 58% start out breastfeeding, and 28% breastfeed at six months, with 8% exclusively breastfed at six months.
The Healthy People 2020 objectives for breastfeeding are:
82% ever breastfed, 61% at 6 months, and 34% at 1 year.

What are the health benefits of breastfeeding?
- (see article)

What are the economic benefits of breastfeeding?
- Families who follow optimal breastfeeding practices can save between $1,200–$1,500 in expenditures on infant formula in the first year alone.
- For both employers and employees, better infant health means fewer health insurance claims, less employee time off to care for sick children, and higher productivity.

What obstacles do mothers encounter when they attempt to breastfeed?
- Lack of experience or understanding among family members of how best to support mothers and babies.
- Not enough opportunities to communicate with other breastfeeding mothers.
- Lack of up-to-date instruction and information from health care professionals or Hospital practices that make it hard to get started with successful breastfeeding.
- Lack of accommodation to breastfeed or express milk at the workplace.

What can the health care community do?
- More hospitals can incorporate the recommendations of UNICEF/WHO's Baby-Friendly Hospital Initiative.
- Provide breastfeeding education for health clinicians who care for women and children.
- Ensure access to International Board Certified Lactation Consultants.

What can employers do?
- Start and maintain high-quality lactation support programs for employees and provide clean places for mothers to breastfeed.
- Work toward establishing paid maternity leave for employed mothers.

What can families and friends of mothers do?
- Give mothers the support and encouragement they need to breastfeed.
- Take advantage of programs to educate fathers and grandmothers about breastfeeding.

What can policymakers do?
- Support small nonprofit organizations that promote breastfeeding in African-American communities.
- Support compliance with the International Code of Marketing of Breast-milk Substitutes and Increase funding of high-quality research on breastfeeding.
- Support better tracking of breastfeeding rates as well as factors that affect breastfeeding.

For more information go to: http://www.surgeongeneral.gov/library/calls/breastfeeding/factsheet.html

Breastfeeding Continued from page 16

now started to accept donor breast milk. This is something similar to a blood bank. The breast milk is processed and screened and provided to moms who may not be able to breast feed.

Being a breastfeeding mother herself, Ross not only coaches other women, but understands the obstacles or stigma these woman may face when opting to breastfeed. "I encourage moms to nurse wherever they can. I think culturally we are less comfortable than other countries but more laws are being passed to protect moms from being discriminated against," she said. "It's hard and it's really not fair. You shouldn't have to feel like need thick skin to go out and feed your child."

Ross personally found the more comfortable she was breastfeeding around others; the more comfortable people seemed to be around her. She also suggests, to those who have older children, to make sure they are a part of the breastfeeding experience so they see it as something normal and not forbidden.

Although there are many health benefits to the baby, Ross said there are for the mother as well. Some of the benefits include a decrease risk of many types of cancers such as breast, uterine, cervical, and ovarian. "This is also true for women who have risk factors in their family for cancer. I don't know the science behind it but statistically it has been proven to lower the risk," said Ross.

Breast feeding moms also have a lower risk for post partum depression as breastfeeding releases a relaxation hormone known as prolactin. Ross also explained that a breastfeeding mom also has a reduced risk of hemorrhaging after the baby is born because their body naturally releases the hormone oxytocin which supports contractions. This hormone is used when a woman is having a baby to help push the baby out.

Ross said another benefit to a breastfeeding mother is its support in helping her return to post baby weight. "Just to produce milk a woman uses 500 calories a day," said Ross. "We have all been to the gym, on the treadmill and watching the calorie counter, and it takes a

Continued on page 24

Pictured, Lt. Alexandria Ross, Certified Lactation Counselor, who works in U.S. Naval Hospital Guam's Mother Baby-Unit. Ross is currently the only lactation counselor at the Naval Hospital.

Top Health Concern of Women:

Heart Disease

Heart disease includes a number of problems affecting the heart and the blood vessels in the heart. Among all U.S. women who die each year, 1 in 4 dies of heart disease. African American and Hispanic American/ Latina women tend to have more risk factors for heart disease than white women.

Coronary artery disease (CAD) is the most common type of heart disease. With CAD, your arteries become hard and narrow, which can lead to chest pain and heart attack.

Take steps to lower your risk of heart disease:

- Know your blood pressure
- Don't smoke. If you smoke, try to quit
- Get tested for diabetes
- Have your cholesterol (koh-LESS-tur-ol) and triglyceride (treye-GLIH-suh-ryd) levels tested. Your doctor may advise you to lower them.
- Maintain a healthy weight
- Limit alcohol to no more than 1 drink a day
- Find healthy ways to cope with stress

Heart disease often has no symptoms. But, chest or arm pain or discomfort can be a warning sign of a heart attack. Other signs include shortness of breath, dizziness, nausea, abnormal heartbeats, and feeling very tired.

If you think you, or someone else, may be having a heart attack, wait no more than a few minutes — 5 at most — before calling 911.

For more inFormation

National Heart, Lung, and Blood Institute
(301) 592-8573
http://www.nhlbi.nih.gov/index.htm

National Cholesterol Education Program
http://www.nhlbi.nih.gov/about/ncep

National High Blood Pressure Education Program
http://www.nhlbi.nih.gov/about/nhbpep/index.htm

Act In Time to Heart Attack Signs Campaign
National Heart Attack Alert Program
National Heart, Lung, and Blood Institute
(301) 592-8573
http://www.nhlbi.nih.gov/actintime

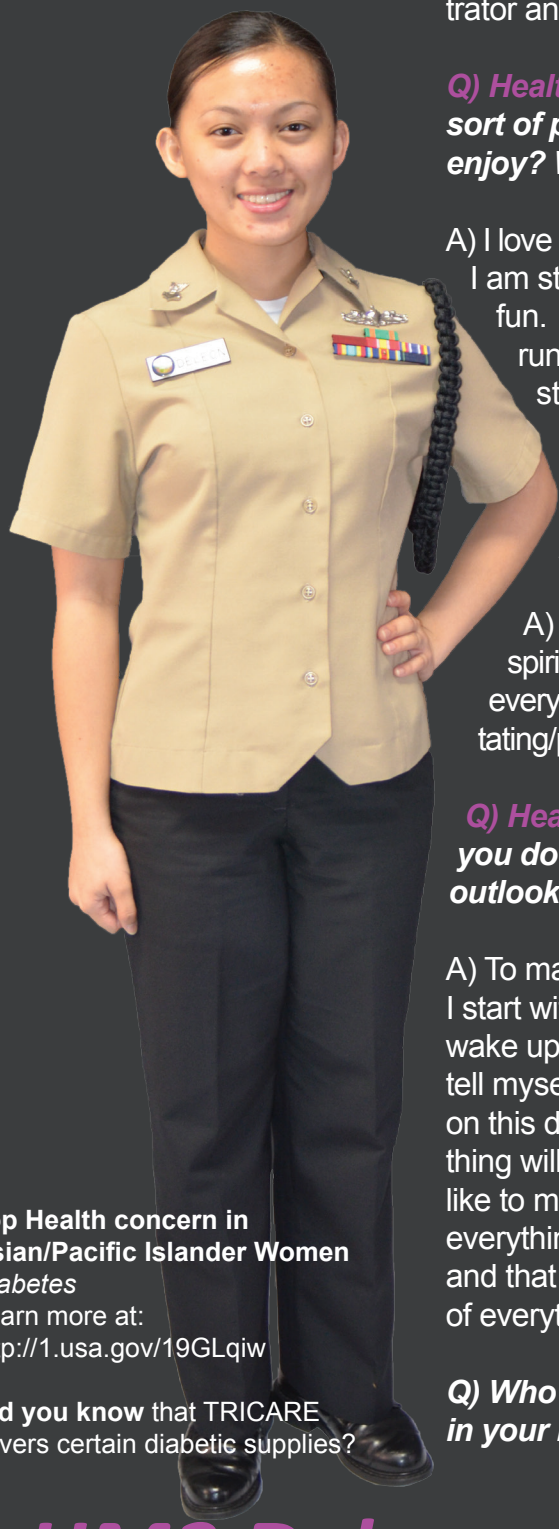
The Heart Truth
National Awareness Campaign for Women about Heart Disease
National Heart, Lung, and Blood Institute
http://www.nhlbi.nih.gov/health/heartttruth/index.htm

American Heart Association
(800) 242-8721
http://www.americanheart.org

WomenHeart
Phone number: (202) 728-7199
http://www.womenheart.org

For in-depth look at heart disease, visit http://www.womenshealth.gov/faq/heart-disease.cfm or call 1-800-994-9662 • TDD: 1-888-220-5446

#2



Top Health concern in Asian/Pacific Islander Women
Diabetes
Learn more at:
http://1.usa.gov/19GLqiw

Did you know that TRICARE covers certain diabetic supplies?

Q) What do you do here at the hospital?

A) I work ain Human Resources as the Command leave administrator and Awards Clerk.

Q) Health is Physical. What sort of physical activity do you enjoy? Why?

A) I love running! I run whenever I am stressed out or just for fun. I feel accomplished after running and it helps me to stay fit.

Q) Health is Spiritual. How do you maintain a healthy spiritual life?

A) I maintain my healthy spiritual life by going to church every Sunday and by just meditating/praying constantly.

Q) Health is Mental. What do you do to maintain a positive outlook?

A) To maintain a positive outlook, I start with myself every day I wake up in the morning. I always tell myself that whatever happens on this day, I know that everything will be ok at the end of it. I like to make myself believe that everything happens for a reason and that I can make the most out of everything if I choose to.

Q) Who is a woman you admire in your life?

A) My grandmother. I admire my grandmother because of the strength and the patience that she had and still has raising all her children including me, her grandchild with no complaints. They lived a hard life back in the day and she never gave up regardless of all the limitations. I am very proud of what I have become and I give all the credit to my grandmother. She taught me all the wisdom that I have and she is the reason why I am strong in will and mind. She taught me not to give up/quit.

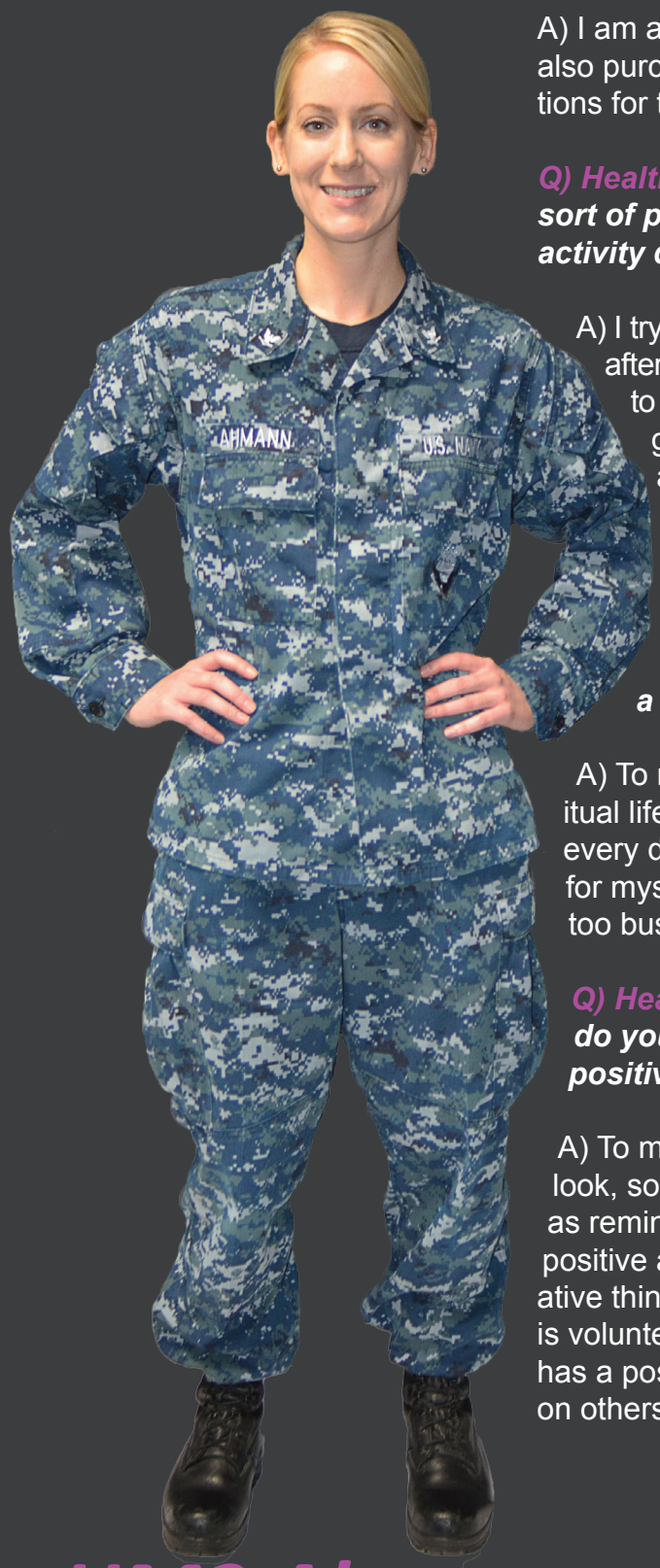
Q) October is also Breast Cancer Awareness Month--do you know anyone who has survived breast cancer?

My mom For me, my mom being a breast cancer survivor, gives me all the will to promote breast cancer awareness and prevention. I don't want more females to go through same thing. I recently started being active helping to promote breast cancer awareness and it gives me a sense of fulfillment. This is my second year helping out the Guam Cancer Care to promote their program. They have Get your pink on annual wave on Oct.4 and a Get your pink on Health Fair on Oct.12, and I am looking for as many volunteers I can get. I want to reach out to as many people as I can and my mom's experience is what drives me to participate.

HM2 Deleon:

Women's Health Spotlight

#3



HM2 Ahmann

Q) What do you do here at the hospital?

A) I am a pharmacy technician. I also purchase all of the medications for the hospital.

Q) Health is Physical. What sort of physical activities or activity do you enjoy? Why?

A) I try to go running every day after work. It is a great way to clear my mind and it gives me more energy. I also enjoy activities that I can do with friends, like hiking or snorkeling.

Q) Health is Spiritual. How do you maintain a healthy spiritual life?

A) To maintain a healthy spiritual life, I make time to pray every day. I also make time for myself to relax when I get too busy or stressed.

Q) Health is Mental. What do you do to maintain a positive outlook?

A) To maintain a positive outlook, sometimes it's as simple as reminding myself to stay positive and not focus on negative things. Another thing I do is volunteer to help others. This has a positive impact not only on others, but on myself as well.

Q) If you could go anywhere, where would you go?

A) I have always wanted to travel to Europe. Italy would probably be my first choice.

Q) Who is a woman you admire in your life? Why?

A) A woman that I admire is my great grandmother. She's 100 years old and has had to overcome many hardships in her lifetime, yet she has lived a long and happy life.

Q) October is also Breast Cancer Awareness Month--do you know anyone who has survived breast cancer? What has it meant to you to watch them go through that?

A) One of my grandmothers had breast cancer. I didn't fully understand everything that was going on at the time because I was younger, but I remember seeing how strong she was. Because I have watched someone close to me go through that, I know what a powerful and devastating disease it is.

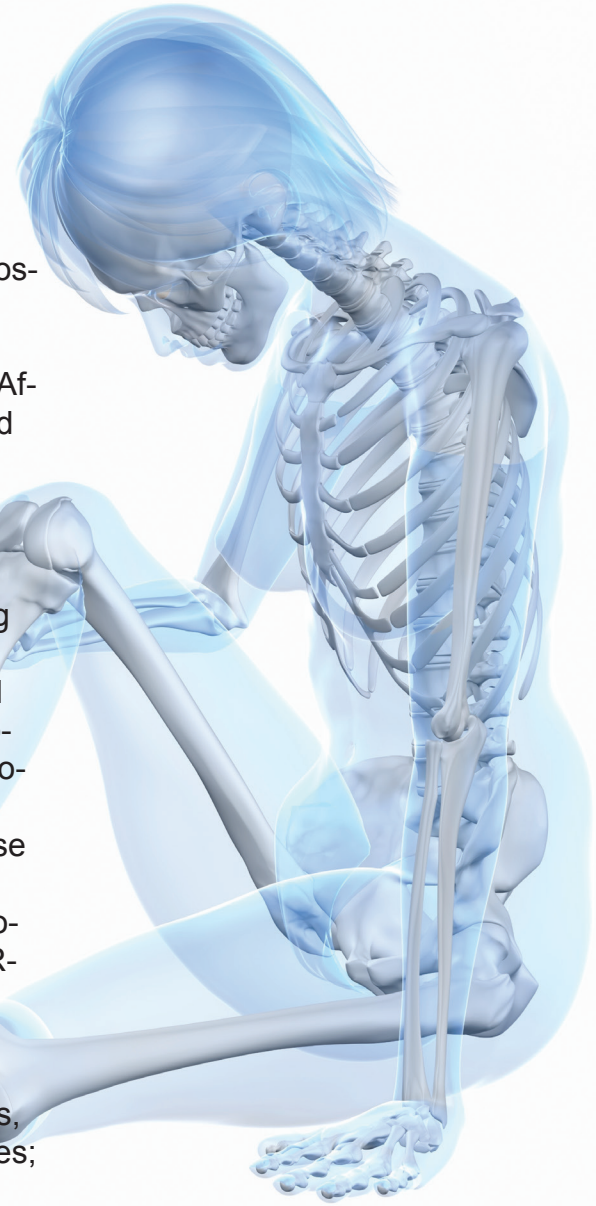
Top Health concern in American White Women
Breast Cancer
Learn more at:
http://1.usa.gov/1dKHvpl

Did you know that TRICARE covers annual mammograms for women who have a 15% higher risk of breast cancer beginning at age 30?

Women's Health Spotlight

Top Health Concern of Women:

Osteoporosis



Osteoporosis (OS-tee-oh-poh-ROHsis) is a disease of the bones. People with osteoporosis have bones that are weak and break easily. A broken bone can really affect your life. It can cause severe pain and disability. It can make it harder to do daily tasks on your own, such as walking.

Osteoporosis affects all bones in the body. However, breaks are most common in the hip, wrist, and spine, also called vertebrae (VUR-tuh-bray). Vertebrae support your body, helping you to stand and sit up. Osteoporosis in the vertebrae can cause serious problems for women. A frac ture in this area occurs from day-to-day activities like climbing stairs, lifting objects, or bending forward.

Signs of Osteoporosis:

- Sloping shoulders
- Curve in the back
- Height loss
- Back pain
- posture
- Protruding abdomen

There are several risk factors that raise your chances of developing osteoporosis. Some of these factors are things you can control, while some you can't control. **Factors that you can't control:**

- Being female
- Getting older
- Menopause
- Having a small, thin body (under 127 pounds)
- Having a family history of osteoporosis
- Being over 65 years old
- Being white or Asian, but African American women and Latinas are also at risk
- Not getting your period (if you should be getting it)
- Having a disorder that increases your risk of getting osteoporosis, (such as rheumatoid arthritis, type 1 diabetes, premature menopause, and anorexia nervosa)
- Not getting enough exercise
- Long-term use of certain medicines,including: Glucocorticoids (GLOO-kohKOR-ti-koids)
- medicines used to treat many illnesses, including arthritis, asthma, and lupus, Some antiseizure medicines; Gonadotropin (GOH-nad-ooTROO-pin) -releasing hormone — used to treat endometriosis (en-doh-mee-tree-O-sis); Antacids with aluminum — the aluminum blocks calcium absorption
- Some cancer treatments
- Too much replacement thyroid hormone

Factors that you can control

- Smoking
- Drinking too much alcohol. Experts recommend no more than 1 drink a day for women.
- A diet low in dairy products or other sources of calcium and vitamin D
- *Not getting enough exercise*

You may also develop symptoms that are warning signs for osteoporosis. If you develop the following, you should talk to your doctor about any tests or treatment you many need:

- Loss in height, developing a
- slumped or hunched posture,
- or onset of sudden unexplained back pain.
- You are over age 45 or a postmenopausal and you break a bone.

Top Health Concern of Women:

What is depression?

Life is full of ups and downs. But when the down times last for weeks or months at a time or keep you from your regular activities, you may be suffering from depression. Depression is a medical illness that involves the body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. It is different from feeling "blue" or down for a few hours or a couple of days. It is not a condition that can be willed or wished away.

What are the different types of depression?

- Major depressive disorder. A combination of symptoms that hurt a person's ability to work, sleep, study, eat, and enjoy hobbies.
- Dysthymic (diss-TIME-ic) disorder. Lasts for a long time (two years or longer). The symptoms are less severe than major depression but can prevent you from living normally or feeling well.

Some kinds of depression show slightly different symptoms than those described above. Some may start after a particular event. However, not all scientists agree on how to label and define these forms of depression. They include:

- Psychotic depression, which occurs when a severe depressive illness happens with some form of psychosis, such as a break with reality, hallucinations, and delusions.
- Postpartum depression, which is diagnosed if a new mother has a major depressive episode within one month after delivery.
- Seasonal affective disorder (SAD), which is a depression during the winter months, when there is less natural sunlight.

What are the signs of depression?

Not all people with depression have the same symptoms. Some people might only have a few and others a lot. How often symptoms occur, and how long they last, is different for each person. Symptoms of depression include:

- Feeling sad, anxious, or "empty"
- Feeling hopeless
- Loss of interest in hobbies and activities that you once enjoyed
- Decreased energy
- Difficulty staying focused, remembering, making decisions
- Sleeplessness, early morning awakening, or oversleeping and not wanting to get up
- No desire to eat and weight loss or eating to "feel better" and weight gain
- Thoughts of hurting yourself
- Thoughts of death or suicide
- Easily annoyed, bothered, or angered
- Constant physical symptoms that do not get better with treatment, such as headaches, upset stomach, and pain that doesn't go away.

I think I may have depression. How can I get help?

Some people and places that can help you get treatment include: Family doctor, Counselors or social workers, Family service, social service agencies, or clergy person, Employee assistance programs (EAP), Psychologists and psychiatrists.

How can I help myself if I am depressed?

You may feel exhausted, helpless, and hopeless. It may be very hard to do anything to help yourself. But it is important to realize that these feelings are part of the depression and do not reflect real life. As you understand your depression and begin treatment, negative thinking will fade. In the meantime:

- Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social, or other activities.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities and do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you.
- Expect your mood to improve gradually, not immediately. Do not expect to suddenly "snap out of" your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- Be confident that positive thinking will replace negative thoughts as your depression responds to treatment.

For more information about depression contact the following organizations:

- USNHG Mental Health Department-344-9401
- USNHG Chaplain-344-9127, and
- Fleet and Family Support Center-333-2056
- National Suicide Prevention Lifeline 800-273-TALK (8255)
- Substance Abuse and Mental Health Administration Publications, SAMHSA, HHS 800-789-2647

Q) What do you do here at the hospital?

A) I work in Family Medicine on the A-Team. I am a General Duty Corpsman

Q) Health is Physical. What sort of physical activities or activity do you enjoy? Why?

A) I like to run and play team sports. Anything that will get my blood moving.

Q) Health is Spiritual. How do you maintain a healthy spiritual life?

A) I am Christian. I attend church on Sundays and also like to meditate during yoga. Its important to find quiet time during the week to reflect.

Q) Health is Mental. What do you do to maintain a positive outlook?

A) To maintain a positive outlook I discuss 5 good things that happened to me each day with my friends. Also, prayer helps to maintain a positive attitude!

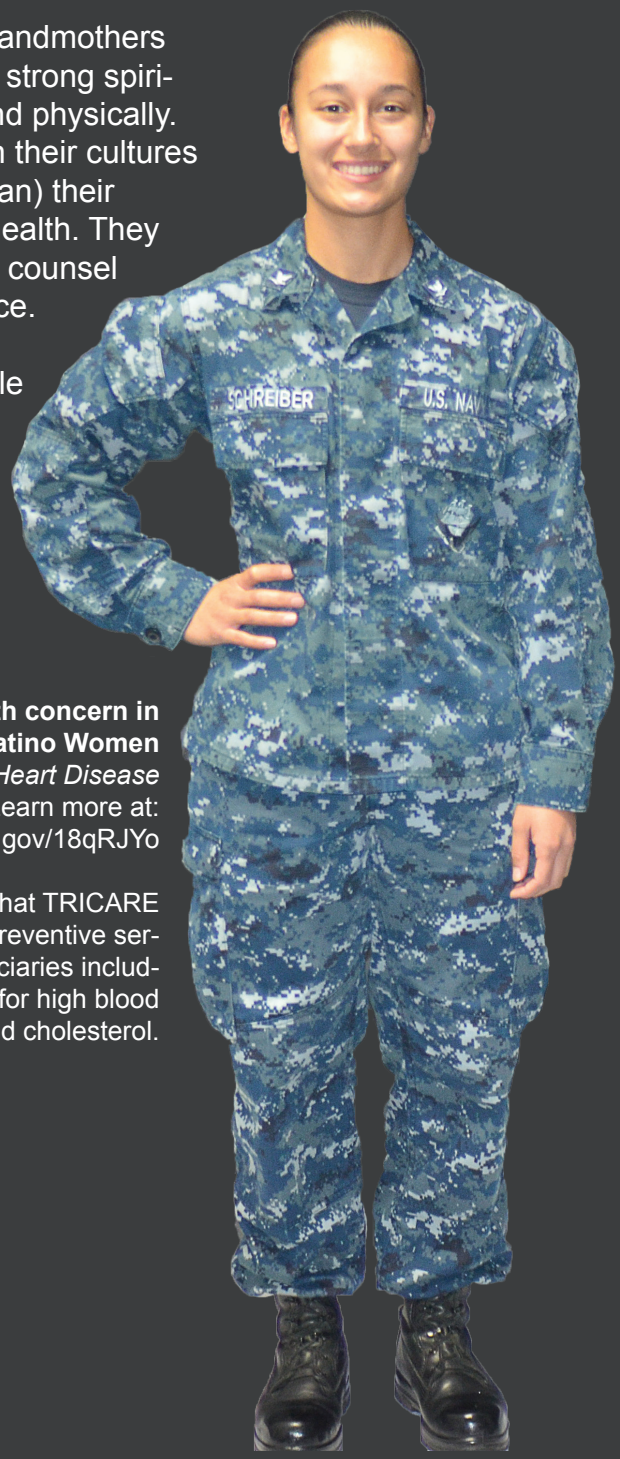
Q) What is your favorite thing to treat yourself to?

A) I like to go to the spa! It's relaxing and enjoyable. I look and feel great afterwards.

Q) Who is a woman you admire in your life? Why?

A) I admire my grandmothers because they are strong spiritually, mentally and physically. They take pride in their cultures (german/Colombian) their family, and their health. They always give great counsel when I need advice. Each of them has played a major role both in my childhood and adult life.

#4



Top Health concern in Latino Women
Heart Disease
Learn more at:
http://1.usa.gov/18qRJYo

Did you know that TRICARE covers clinical preventive services for all beneficiaries including screenings for high blood pressure and cholesterol.

HM3 Schreiber

Women's Health Spotlight

Breastfeeding Continued from page

long time to get to 400 or 500 calories! You just do that naturally by making milk!"

Over the past few years, as the health benefits of breastfeeding have been realized, medical facilities both military and non-military have been striving to become what is known as "baby friendly". In 2011 the Surgeon General put out a call to action to support Breastfeeding. The goal is to increase the rates of breastfeeding and remove barriers that woman face who want to breast feed.

"Now there is data from years of studying breast fed children. The medical community is realizing the benefits of breastfeeding which is more than just bonding with the mother or the baby," said Ross. "The more I learn the more important I realize it is."

Currently she is awaiting the results of her International Board Certified Lactation Consultant® (IBCLC®) exam which qualifies her to be certified by the International Board of Lactation Consultant Examiners®, Inc. under the direction of the US National Commission for Certifying Agencies.

Health Check: What's For Dinner?

Two low fat, high protien ideas

Grilled Flank Steak with Red Pepper Pesto

For the steak:
2 tablespoons olive oil
2 teaspoons balsamic vinegar
1 clove garlic, crushed
salt,to taste
freshly ground black pepper
1 1/3 pounds flank steak

For the red pepper pesto:
1 tablespoon olive oil
1 large red pepper, seeded and finely chopped
1 shallot, minced
1 clove garlic, crushed
1/8 teaspoon salt
freshly ground black pepper
1 cup roasted red peppers, chopped
1 tablespoon balsamic vinegar
20 basil leaves, chopped
1/4 cup toasted pine nuts, chopped

Makes 4 servings

Each serving provides:
Calories: 372
Total fat: 13g
Saturated fat: 5g
Carbohydrate: 1g
Protein: 51g

1. Mix the oil, vinegar, garlic, salt and pepper together, and brush the mixture on the flank steak. Cover and refrigerate for 1 hour or overnight.
2. Meanwhile, heat the olive oil in a medium skillet over medium heat. Add the raw red pepper, shallot and garlic and season with salt and pepper. Cook until the peppers soften, about 5 minutes. Add the roasted red peppers and vinegar and cook for 5 minutes more.
4. Remove from heat, cool and stir in the basil and pine nuts. (This can be stored in the refrigerator for up to 1 week. It should be served at room temperature.)
5. Preheat the grill to high heat. Grill the flank steak for 4 to 8 minutes on each side, depending on the desired doneness. Let the steak rest on a carving plate for 1 or 2 minutes before slicing.

Shrimp and Asparagus Stir-Fry

1 ½ teaspoons peanut oil
½ teaspoon chopped garlic
½ teaspoon chopped ginger
½ pound asparagus, trimmed and cut into 1 ½" lengths
½ cup thinly sliced shiitake mushrooms
½ pound shrimp, peeled and deveined
freshly ground black pepper
2 tablespoons light soy sauce

Makes 2 servings

Each serving provides:
Calories: 190
Total fat: 6g
Saturated fat: 1g
Carbohydrate: 9g
Protein: 27g

1. Heat the peanut oil in a skillet or wok (large enough to accommodate all the ingredients) over medium-high heat. Add the garlic and ginger and stir quickly for 30 seconds.
2. Increase the heat to high. Add the asparagus, then the mushrooms, then the shrimp, stirring quickly after each addition. Season with pepper.
3. Add the soy sauce and cook until the shrimp are fully cooked and opaque, about 2 minutes. Serve with steamed rice or noodles.

These summer healthy recipes were provided by foodfit.com their appearance in this newsletter does not constitute endorsement by the United States Department of Defense. This information is not meant as a substitute for personal medical advice. If you have a medical problem, you should consult your medical or health care provider.

Attack of the Autoimmune Diseases

mmaglobulinemia • Idiopathic thrombocytopenic purpura
G4-related sclerosing disease • Immunoregulatory lipoprot
sitis • Insulin-dependent diabetes (type1) • Interstitial cyst
Juvenile diabetes • Kawasaki syndrome • Lambert-Eaton
toclastic vasculitis • Lichen planus • Lichen sclerosus • Lign
r IgA disease • Lupus • Lyme disease, chronic • Meniere's d
gi Mooren's ulcer • M
• Myositis • Narco
a • Neutropenia •
natism • Pediatric
otococcus • degeneration • Parox
nuria • Parr sonnage-Turner sync
phigus • Peripheral neuropathy • Perivenous encephalomye
• POEMS syndrome • Polyarteritis nodosa • Type I, II, & II
ndular syndromes • Polymyalgia rheumatica • Polymyositis
ction syndrome • Postpericardiotomy syndrome • Progeste
biliary cirrhosis • Primary sclerosing cholangitis • Psoriasis

What are autoimmune diseases?

Our bodies have an immune system, which is a complex network of special cells and organs that defends the body from germs and other foreign invaders. At the core of the immune system is the ability to tell the difference between self and nonself: what's you and what's foreign.

A flaw can make the body unable to tell the difference between self and nonself. When this happens, the body makes autoantibodies (AW-toh-AN-teye-bah-deez) that attack normal cells by mistake. At the same time special cells called regulatory T cells fail to do their job of keeping the immune system in line. The result is a misguided attack on your own body. This causes the damage we know as autoimmune disease.

The body parts that are affected depend on the type of autoimmune disease. There are more than 80 known types.

How common are autoimmune diseases?

Overall, autoimmune diseases are common, affecting more than 23.5 million Americans. They are a leading cause of death and disability. Yet some autoimmune diseases are rare, while others, such as Hashimoto's disease, affect many people.

Who gets autoimmune diseases?

- *Women of childbearing age* More women than men have autoimmune diseases, which often start during their childbearing years.
- *People with a family history* Some autoimmune diseases run in families, such as lupus and multiple sclerosis. It is also common for different types of autoimmune diseases to affect different members of a single family. Inheriting certain genes can make it more likely to get an autoimmune disease. But a combination of genes and other factors may trigger the disease to start.
- *People who are around certain things in the environment*. Certain events or environmental exposures may cause some autoimmune diseases, or make them worse. Sunlight, chemicals called solvents, and viral and bacterial infections are linked to many autoimmune diseases.
- *People of certain races or ethnic backgrounds.* Some autoimmune diseases are more common or more severely affect certain groups of people more than others. For instance, type 1 diabetes is more common in white people. Lupus is most severe for African-American and Hispanic people.

What are some things I can do to feel better?

If you are living with an autoimmune disease, there are things you can do each day to feel better:

- Eat healthy
- Get regular physical activity
- Get enough rest
- Reduce stress

For more information go to:

http://www.womenshealth.gov/publications/our-publications/fact-sheet/autoimmune-diseases.html

Facilities Continued from page 13

can do," she said. Also, because of the sequestrian some services have been modified such as grounds keeping. Although this is true, to make possible the best patient experience, the Facilities team does their best to keep the outside grounds debris and trash free.

Currently, to make the transition to the new hospital a smooth process, Facilities is working on renewing contracts for the new hospital. This means the contractor will visit the new hospital to get square footage and understand what the hospital looks like in order to establish their best bid. Because of the way the transition will occur, staggered, where not everyone will move in at the same time, the contract will overlap a bit to ensure both spaces are maintained and capable of supporting patients.

Another responsibility of the Facilities Department is to enforce environmental responsibility both in and outside of the hospital. James Terlaje, who is charged with this task said the hospital is currently recycling wood and cardboard. "We have bins outside, in the back, in L-Wing," he said. Terlaje is also responsible for the recycling of hazardous and medical waste.

"In a hospital a recycling program is a little different. Quality Control has to examine areas where bins may be stagnant for a time. This is important because someone with an infectious disease could throw away a can or a bottle which could potentially be dangerous to other patients as well as the housekeeping staff," he said.

However, the new hospital will be implementing a more robust recycling program. This is because the building will be LEED Silver (Leadership in Energy & Environmental Design) certified. "Having a recycling program, on an island thousands of miles away, it is just the right thing to do we only have some much land to throw our trash in," Terlaje explained.

In Guam, one of the Navy's largest recycling programs is the landfill diversion program. The program requires five things to be recycled, wood, cardboard, plastic, brass, and aluminum. This

Continued on next page

Facilities Department manages the transportation pool within the hospital.

Facilities Continued from page 26

One of the responsabilities of the Facilities Department is to ensure environmental responsibility both in and outside of the hospital. Currently the hospital recycles wood and cardboard. These bins are located outside the hospital located through the in L-Wing.

can help to prolong the lifespan of the landfill.

According to Terlaje, Hazardous materials are recycled through a different program. The hospital utilizes a hazardous waste storage facility where waste is collected. According to him, within the hospital, one of the largest generators of waste is the laboratory. The Defense Logistic Agency (DLA) retrieves the waste from the hospital and ships it off Guam to a treatment facility in the states.

"We also generate a lot of medical waste. We used to process medical waste in house," he said. "Now we have a contractor who takes it and sterilizes it and it is a big blessing for us. They come twice a week and pick it up."

Gutierrez reiterated that although Facilities does not directly care for the patients, they do provide service to the staff which indirectly affects patient care. He encourages hospital staff, that requires their support, to use the processes in place. For routine service tickets, staff may go through the Defense Medical Logistics Supply and Support Service (DMLSS) an online system. Within this system there is a facilities module and it allows a representative for each department to type in a request. Another other option is to call Facilities directly at 344-9320. After hours requests should be directed to the Chief of the Day.

For routine service calls the contractor has 10 working days to resolve it. In an emergency, Gutierrez said the contractor has a response time of 30 minutes and will continue to work the issue until the problem is resolved. Facilities also has an urgent trouble tickets, for those priority things that are not emergent or routine. For these tickets he asks that staff allow up to three or four hours for them to respond.

"Our mission is to support the staff so they can provide the best environment of care for the patients," said Gutierrez.

Training Tips for Women

provided by the MWR Team at Charles King Fitness Center located at Naval Base Guam

Weight training is ESSENTIAL for burning fat, improving metabolism, increasing overall fitness and attaining the desired "toned" shape many women desire. Incorporate strength training into your workout routine and lift HEAVY!! Do not be shy with the weights…our hormones do not allow us to "bulk" so don't be afraid to lift heavy and go hard relative to your current fitness level. Gradually increase the weight as you progress through a training program.

EAT!! It's all too common to hear women address their weight loss goal by skimping on calories and doing a lot of cardio. Under eating forces our metabolisms to slow down and operate in a "starvation" mode where every calorie is saved. The way around this is to fuel with the proper amount of food. Rather than focus on keeping calories low, focus on QUALITY calories from lean protein, complex, low-glycemic carbohydrates and healthy fats.

Make the most of your cardio. How many of us hop on the elliptical machine for 45+ minutes and can't figure out why the scale isn't budging?? Shorter, more intense cardio sessions with peaks and valleys in intensity have been proven to be more effective for improving fitness and burning fat than steady-state, low intensity marathon sessions of cardio. *Note: this advice is not addressing those training for an endurance event such as a marathon, where long bouts of cardio are imperative in training.*

Throw away the scale! Ok, not really, but don't get fixated on numbers! So many women only look at the scale which is not a great telltale of how fit you are. Instead take a picture of yourself when you start your program and take a picture after to see the changes in your body. Also taking measurements at key points (arms, waist, abdomen, hips, and thighs) is a great way to see what progress you have made. Two ladies who each way 160lbs, one with 20% body fat and the other with 35% will look VERY different, yet the scale will show the same.

Set a functional goal. Use your exercise program to help you accomplish a functional goal and your nutrition program to help accomplish weight loss (or gain). A pullup. Running a marathon. Performing 100 pushups without stopping…these are functional goals. Set a goal based on something you want to be able to DO…not just a goal revolved around how you want to look. You will realize gains in your fitness levels sooner and that progress is the ultimate confidence boost.

Understand you cannot out exercise poor nutrition. A one-hour gym session did not "earn" you a burger, the fiesta plate will take longer than a 45 minute run to burn off and exercising daily does not entitle you to eat whatever you want. Clean eating is the most effective way to change your body composition…no way around it!

Get a workout buddy. Getting into a training routine can be hard sometimes so it's best to have someone there with you along the way to help you reach your goal and to also get you off the couch on your "bad" days.

Take advantage of your resources! Where else can you get FREE group classes offered on a daily basis?! Come and join us at Charles King Fitness Center and try out all of our different classes we hold. It's a great way to make sure you don't get bored with your program and also a fantastic way to help you get to the goal you want.

If it doesn't challenge you, it will not change you!

For more help on how to reach your fitness goals, come see one of the trainers at Charles King Fitness Center or call 333-2049. **Happy training!**

Basic Strength Training Program

Week 1

Day 1	Sets	Reps	Muscle Group
Leg press	3	12	Legs
Barbell Back step lunge	3	12 each leg	Legs
Lat pull downs	3	12	Back
Back extension	3	12	Lower back, Glutes, Hamstrings
Ab crunch on stab ball	3	25	Abs
Plank	3	45 sec	Core, total body

Day 2	Sets	Reps	Muscle Group
Standing cable fly	3	12	Chest
**SUPERSET*			
**Pushups*	3	12-15	Chest, shoulders, triceps, core
**Jump Rope*	3	30 sec	Cardio
Barbell chest press	3	12	Chest, shoulders, triceps
Dumbell incline chest press	3	12	Chest, shoulders, triceps
**Tricep cable extension*	3	12	Triceps
**Mountain climbers*	3	30 sec	Cardio
Barbell bicep curl	3	12	Biceps
Cable rope bicep curl	3	12	Biceps
**Jumping lunges*	3	30 sec	Cardio
**Jump squats*	3	30 sec	Cardio

Day 3	Sets	Reps	Muscle Group
Smith machine squat	3	12	Legs
Sumo squat	3	12	Legs
Side step lunge	3	12 each leg	Legs
Weighted bench step ups	3	12 each leg	Leg
Side plank	3	45 sec each	Core
Diagonal crunch	3	25 each side	Core
Roman chair knee raises	3	25	Core

Day 4	Sets	Reps	Muscle Group
Barbell shoulder press	3	12	Shoulders
Cable lateral raise	3	12	Shoulders
Rear deltoid raise	3	12	Shoulders
Jump rope	3	30 sec	Cardio
Jump lunges	3	30 sec	Cardio
Box jumps	3	30 sec	Cardio

Week 2: Repeat week 1
Week 3: Drops reps to 10 and increase weight
Week 4: Repeat week 3

**Note: SUPERSET means completing two exercises back to back with no rest. Where you see * next to an exercise, complete those two exercises with no rest and repeat all three rounds before moving to the next exercise.*


Have a Safe
Halloween
2013
T. ZING.